EXECUTIVE LOBBYING EXP	ENDITURE RE			
COVERING JANUARY 1 - JUNE 30,DUE AUGUST 15 COVERING JANUARY 1 - DECEMBER 31, ZOO] - DUE FEBRUARY 15 Mail to: the Board of Edwiss, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808			Pos	R DIVICE USEONLY
OR <u>Pax to:</u> (225)763-8787 or (225)763-8780				
1. Name LUKA	Robins Vient			3070939
Z. Business Address: 10705 Rock Screw and No. Mailing Address 3200 High	Avenue,	Downers 6	1817 219 We, IL	60575
3. Business Phone 630 737 Area Code and To	7/48 elephone Number		9	
 Total of all executive lobbying expenditures (Include expenditures from Schedules A and B 		i June 30: 9	_P	1904
5. Total of all manutive lobbying expenditures [When Applicable) [Include expenditures fro	mark July 1 through De m Schedules A and B)	comber 31: \$		— ₁₂ ,
 Total of all executive lobbying expenditures (Line 4 added to Line 5 should equal time 6) 	made during calendar y	rear: 5	<i></i>	— <u>F</u>
7. Did you make an expenditure exceeding \$50	on one occasion for an	sociative branch offic	ial:	£0 .
From July 1 through June 307 From July 1 through December 31?	Yes 🛄 Yes 🔲	No 157	na 🗆	
If the answer to either quanton in Number	7 above is YES, complet	e Schedule A and area	:b_	
8. Did you make expanditures exceeding the s	um of \$250 for an avecu	dve branch official:		
From July 1 through June 30? From July 1 through December 317	You []	№ (2).	na 🗆	
If the answer to either question in Number	8 above is YES, complete	e Schodule A and anac	h.	
Did you expend funds for any reception, so officials were invited during this reporting;	al gathering, or other fi period?	nuction to which more	than twenty-five	e executive branch
Yes	□ Ne) X C	22.23.50	obereu pages wi
If the answer to Number 9 above is YES, co	mplete Schedulc B and a	mach.	Classick	obered pages we obered pages we obered pages
Poren 507, Bare, 7/04	Page 1 of	3	Page M	

97%

21	2. Name of Department and Individual Agency:	N/A
	b. Total of all expenditures made January 1 through June St.	3Ø
	c. Total of all expenditures made July 1 through December 31: (When applicable)	s
	d. Total of all sepanditures mode during the calendar year:	\$
3)	a. Name of Department and Individual Ageocy:	NA
	b. Total of all expenditures made January 1 through June 30:	\$
	c. Total of all expenditures made July I through December 31: (When applicable)	\$ a
	d. Total of all expenditures meds during the calendar year:	s

CERTIFICATION OF ACCURACY

I bereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lobbyist

Fam. 197, Rev. 7/04

Page _3of Z